

## Light Lipo Consultation Certification

I, \_\_\_\_\_, certify that I have watched the video at the link provided, [www.edmondwellness.com/consultation](http://www.edmondwellness.com/consultation). I further certify that I do not have any of the following health conditions:

- I am over the age of 18-years.
- I am not actively treating cancer.
- I do not have epilepsy.
- I am not pregnant or lactating.
- I do not have any liver condition, diagnosed or undiagnosed.
- I do not have a pacemaker.

If I have thyroid issues or other hormone conditions (including birth control), I have listed them below and will make the staff of Edmond Wellness aware of these conditions. Please list any hormone conditions you have or suspect you have:

I understand that hormone conditions may slow my results and I commit to making Edmond Wellness aware of these conditions so that the correct plan can be provided to reach my specific goals.

I understand that for best results, I should drink half my weight in ounces of water daily, eat a specific caloric goal (which will be given to me at my first session), get 10,000 steps or 30 minutes of activity daily and not eat 1 hour before or 2 hours after each session. I also understand that taking advantage of other services in the office will increase my results dramatically.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

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